

South Dakota Board of Nursing

South Dakota Department of Health 4305 S. Louise Avenue Suite 201; Sioux Falls, SD 57106-3115 (605) 362-2760; Fax: 362-2768; www.state.sd.us/doh/nursing

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Medication Administration Training Program for Unlicensed Assistive Personnel Application for Curriculum Change for an Approved Training Program

Medication administration may be delegated only to those individuals who have successfully completed a training program pursuant to ARSD 20:48:04.01:14. An application along with required documentation must be submitted to the Board of Nursing for approval. Written notice of approval or denial of the application will be issued upon receipt of all required documents. Send completed application and supporting documentation to: South Dakota

| Board of Nursing; 4305 S. Louise Ave., Suite | 201; Siou | x Falls, South | Dakota 57106-3115 | | | |
|--|----------------|---------------------|--------------------------------------|--------------------------------------|--------------|--|
| Name of Institution: 50 Dept Heat | | | el HIth Serv | | | |
| | , | Λ. | State. Sd-us | | | |
| Address: Leco = Capital Au | re - 1 | rerre. Si | 0 57501 - 25 | 34 | | |
| Phone Number: 605 - 773 - 2707 E-mail Address of Faculty: Kayla . 711 | | State, Sd. | | -5683 sa. Juhnson@sta | to 5d | |
| Tanya Rei | | | | | _ | |
| Request to use the following approved cu selected curriculum. Each program is ex | | | | | | |
| ☐ 2011 SD Community Mental Health Faci | lities (only a | approved for agence | ies certified through the D | epartment of Social Services) | | |
| Mosby's Texbook for Medication Assista | nts, Sorreni | tino & Remmert | (2009) | | | |
| ☐ Nebraska Health Care Association (2010 |) (NHCA) | | | | | |
| ☐ We Care Online | | | | | | |
| List faculty and licensure information: For clinical RN experience. | or new RN i | faculty, attach re | sume/work history with RN LICENSE | evidence of minimum 2 years | ;] | |
| RN FACULTY/INSTRUCTOR NAME(S) | State | Number | Expiration Date | Verification (Completed by SDBON) | | |
| See attached | | | | | <u> </u> | |
| | | | | |] | |
| RN Faculty Signature: | Tin | kn | Date: | Q-1-12 | | |
| This section to be completed by the South D | akota Boa | ard of Nursing | | | | |
| Date Application Received: 00/05/12 | 012 | Date Notice Se | ent to Institution: | | | |
| Date Application Approved: 06/07/2 | | Date Application | on Denied: | | | |
| Expiration Date of Approval: 04/35/ | | Reason: | | | | |
| Board Representative: Gm Math | | | | | | |
| TO be used @ Sowon | wow | pusan | | | | |

Yankton trustee unit Rapidcity trustee Unit

| | RN LICENSE | | | | | |
|-------------------------------|------------|----------|------------|-----------------------------------|--|--|
| RN FACULTY/INSTRUCTOR NAME(S) | State | Number | Expiration | Verification (Completed by SDBON) | | |
| Melissa Johnson | SD | R028502 | 07/26/2013 | of con | | |
| Lana Bowen | SD | R033359 | 11/30/2012 | or un | | |
| Joni Archambeau | SD | RO38571 | 03/01/2013 | | | |
| Misty Tolsma | SD | RO38298 | 12/02/2012 | | | |
| Sara Kindopp | SD | RO033867 | 01/17/2014 | | | |
| Laura McMillan | SD | RO33187 | 04/12/2013 | | | |
| Tanya Reiser | SD | RO32460 | 12/30/2013 | on w | | |